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/6/14/2010

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY (FOLDER NO.)	CONFIRMATION NO.
19/723,996	11/26/2008	Robert J. Pollitt	600181-018	7980

TITLE OF INVENTION: METHODS AND SYSTEMS FOR PROVIDING JUVENILE INSURANCE PROTECT WITH PREMIUM WAIVER FEATURE

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL REF. DUE	DATE DUE
non-provisional	NO	\$1510	\$0	\$0	\$1510	09/14/2010

EXAMINER	ART UNIT	CLASSIFICATION
RAPILLO, KRISTINE K	3626	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.332)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/447, Rev. 03-02 (or its equivalent) attached. Use of a Customer Number is required.

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- (1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
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Seth H. Ostrow
Ostrow Kaufman &
Frankl LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

New York Life Insurance Company

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- ☒ A. Application claims SMALL ENTITY status See 37 CFR 1.27. ☐ B. Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the record of the United States Patent and Trademark Office.

Authorized Signature: /Seth H. Ostrow/

Date: 8/9/2010

Typed or printed name: Seth H. Ostrow

Registration No. 37,410

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